



County of San Diego

CATHERINE J. TROUT
Director

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

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RENTAL ASSISTANCE WAITING LIST APPLICATION

Application Date: _____

Social Security #: _____

Date of Birth: _____

Complete Name: _____
LAST NAME NAME MI

ADDRESS _____
CITY STATE ZIP TELEPHONE ()

What is your total combined annual family income?..... \$ _____

Number of household members?..... _____

Number of adults in household?..... _____

Number of children (under 18) in household?..... _____

Do you live or work in the County of San Diego?..... ☐ Yes ☐ No

Are you currently enrolled full-time in a job training or academic program?..... ☐ Yes ☐ No

Are you receiving Unemployment, Disability or Workman's Compensation Benefits?..... ☐ Yes ☐ No

Are you a US Veteran or surviving spouse of a veteran?..... ☐ Yes ☐ No

Are you or your spouse 62 years of age or older?..... ☐ Yes ☐ No

Are you or your spouse disabled?..... ☐ Yes ☐ No

Are you currently homeless? ☐ Yes ☐ No

Are you a mobile home owner? ☐ Yes ☐ No

Are you currently working?..... ☐ Yes ☐ No If yes, how many hours per week? _____

Are you or any member of your household a US citizen or non-citizen with eligible immigration status?..... ☐ Yes ☐ No

Please select the one you consider yourself to be: ☐ Hispanic ☐ Non-Hispanic

Please select one or more you consider yourself to be: ☐ White ☐ Black/African American
☐ Asian ☐ American Indian/Alaskan Native
☐ Native Hawaiian/Other Pacific

Islander

Please select all programs you are interested in: ☐ Section 8

Serving as the Housing Authority of the County of San Diego

- ☐ Public Housing
- ☐ Moderate Rehabilitation

(Rev. 12/2003)

Do you require a specific accommodation to fully utilize the Agency's service? ☐ Yes ☐ No